



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Economic Support
Bureau of Welfare Initiatives

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
FSET Administrative and Provider Agencies
Child Care Coordinators
W-2 Agencies**

BWI OPERATIONS MEMO

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Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

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Policy Analysis and Program Implementation Section**

SUBJECT: BADGERCARE IMPLEMENTATION – ADDITIONAL SPECIAL INSTRUCTIONS

CROSS REFERENCE: BWI Operations Memos 99-50 and 99-61.
BadgerCare Training Packet
Income Maintenance Manual, Chapter I, Part A., 11.1.0 & Part C, 3.2.0.
& 5.1.0.

EFFECTIVE DATE: Immediately

PURPOSE

This Memo provides additional and special instructions on:

- ACPA - BadgerCare requests
- ANHR – BadgerCare and the 'Under the Care' Switch
- AFMI and BadgerCare
- Verification On Premium/Deductible Choice Cases
- AGHC (Health Choice), AGPC (Premium Collection), and AGPI (Premium Payer) Screens
- BadgerCare Requests with Premiums
- Workers and Premium Collection
- Revisions to the Medicaid Handbook, Appendices 12.1.0 and 12.9.3

BACKGROUND

There are several CARES processes and procedures which were not finalized by the time the BadgerCare training packet was printed and training was conducted statewide. Some of these processes involve processing BadgerCare eligibility on existing CARES cases in the July and August, 1999 timeframe. Others are permanent procedures that have recently been identified, and will remain applicable to BadgerCare. It is important to note and follow these processes.

ACPA - BADGERCARE REQUESTS

1. **It is important to assume that everyone is requesting BadgerCare when you process a BadgerCare request, review, or application.**

This means that each person's ACPA BadgerCare request switch should be changed to 'Y', unless they specifically identify someone for whom they do not want tested for BadgerCare, and have provided you with a specific reason. (Note the change being made to the Medicaid Handbook Appendix 12.1.0, later in this memo.)

2. **Don't enter an 'N' because that household member is eligible for (or appears to be eligible for) another economic support certified Medicaid subprogram.**

Some BadgerCare applicants are indicating on the BadgerCare Application Supplement (DES-11630) or in person that they do not want to request BadgerCare for their children or others in their household. Often they are indicating this because they know that those on Medicaid are already receiving a Medicaid card, and do not need one through BadgerCare. Explain to the client that you are requesting BadgerCare for those individuals in order to create the proper group size for BadgerCare eligibility testing.

Remember that unless the worker enters 'Y' on ACPA for BadgerCare, the system will not change the participation status code of children already receiving Medicaid to "Test Children" in the BadgerCare AG. They will instead be excluded from the group, and their presence will not increase the size of the BadgerCare AG.

3. **Effective MM/YY and Override Dates.**

When the BC ACPA is first accessed on existing cases, the effective MM/YY will pull through the date from other ACPA screens.

The override date is pulling through the filing date (as it displays on ACCH).

Note that this means these dates (effective MM/YY and override filing date) may often be completely different.

On these existing cases when there is a BadgerCare request, Operations memo 99-50 instructs to change both the override filing date and effective MM/YY to reflect the application date.

4. **ACPA Default for BadgerCare.**

ACPA will default to "N" when going through an application, review or accessing the screen for the first time in on-going mode. When you offered BadgerCare and the client has accepted, you must enter 'Y' in the BadgerCare request for the AG and for the requesting individuals.

ANHR - BADGERCARE AND THE 'UNDER THE CARE' SWITCH

Be aware that when you enter a grandchild as under the care of the **grandparent** in a 3-generation case, the cascade runs through all of Medicaid and Healthy Start.

When you enter the child as under the **teen parent's** care, CARES will cascade to BadgerCare without correctly determining eligibility for the first and third generation household members. CARES should never be using the "caring for" entry when determining any eligibility for Healthy Start, or BadgerCare (remember it IS used for AFDC-related Medicaid).

Until this is fixed in CARES, you should enter both the grandchild and the minor parent as under the care of the grandparent so that everyone is tested through the entire MA cascade, including BadgerCare.

AFMI AND BADGERCARE

When persons in the household have medical coverage, enter that information on AFMC, AFMA, and AFMI.

You must enter an "N" or "Y" on AFMI in the MM (major medical) field. You cannot leave this field blank; if you do not know whether the insurance meets the HIPPA standard, enter "N". EDS will then update the information and change it to a "Y" if appropriate (disregard instructions in the "BadgerCare Policies and Procedures for Eligibility Determination" training packet that instruct to leave this field blank).

VERIFICATION ON PREMIUM/DEDUCTIBLE CHOICE CASES

If there is other verification needed on a case that has a premium, the premium screens (AGPI/AGPC) will not appear until the other verification is provided and entered into CARES. The verification checklist also will only indicate the verification items, not the fact that a premium is due. The BadgerCare case will pend for the verification items first. Once entered, it will pend for the premium payment and/or payer information.

If there is other verification needed on a case that would have a choice between the deductible or BadgerCare, the choice screen (AGHC) won't appear until the other verification is provided and entered in CARES. The verification checklist will only indicate the verification items, not the fact that a choice must be made. The BadgerCare case will pend for the verification items first. Once entered, it will pend until the choice is made.

Example: Mom and her 15-year-old child apply for MA and BadgerCare. Mom has \$1,500 in income. Based on this information, this will probably be a case with a health choice between BadgerCare and deductible for the child, BadgerCare for mom, and a premium for BadgerCare since they are over 150% of poverty. Mom needs to provide income verification and verification of whether or not she has health insurance coverage, so the worker enters "?" on AFEI and AFMQ. Worker runs SFED. EEVC comes up asking for the employment and insurance information. It does not ask for choice or premium information (which it would do if there were no other verification items outstanding). BadgerCare will pend until these verification items are entered. AGHC (Health Choice), AGPI (Premium Payer), and AGPC (Intake premium payment) are **not scheduled**.

Once the verification items are provided, the worker runs SFED. Then the BadgerCare AG pends for choice, premium payer, and intake premium payment. AGHC, AGPI, and AGPC are scheduled.

The reason for this process is to ensure there is non-financial and financial eligibility for BadgerCare prior to pursuing premium payments or Health Care choice options.

Give clients at least 10 days to provide requested information and a premium. If you processing an application or review and you request a premium more than 10 days prior to the 30th day, you must still allow the applicant the full 30 days to provide the premium.

If the original verification is provided late in the 30 day processing timeframe, (for example on the 29th day) and it turns out that the client now owes a BadgerCare premium and/or has a choice between a deductible and BadgerCare, the worker must provide the applicant with another verification request letter and give him/her another 10 days to pay the premium (by extending the request on AGVC). In addition, on the 30th day following the application filing date, the worker must send the applicant a manual negative notice informing the applicant of the reason(s) for the delay in processing the application.

- If the client owes an initial premium, screen AGPC will appear with the PAID (Y/N) field blank. If the client can not pay immediately, **leave the field blank**. This will pend BadgerCare eligibility and allows you to send the client a verification letter requesting the premium.
- If the client does not pay the initial premium and/or indicate the premium payer in ten days (or by the 30th day after the application/review, whichever is later), then code AGPC as a "N" and deny the BadgerCare application.

- If there is no choice made within ten days, enter a "N" in the "choose deductible?" field on AGHC. This will create the BadgerCare AG rather than the deductible AG.

AGHC (HEALTH CHOICE)
AGPC (PREMIUM COLLECTION)
AGPI (PREMIUM PAYER)

Remember that these screens will not come up on every BadgerCare case. AGPI and AGPC come up only if there is a premium (i.e., the group's income exceeds 150% FPL for the group size). In addition, AGPI will come up only when a premium is owed for the first time in a case. AGPC will only appear when a premium must be paid before opening a BadgerCare case.

AGHC comes up only when there is an individual who would have a deductible, but could also be eligible for BadgerCare. This situation occurs most commonly with children older than 6 when income exceeds the OBRA income limit and an NAOR deductible is created. However it can also include those who could be eligible as medically needy SSI related (NS) or Healthy Start deductibles (NHSP, NHSC).

These screens (AGPI, AGPC, and AGHC) are specific to BadgerCare, but need to exist in the SFED driver flow. to assist BadgerCare eligibility processing.

There may be a need to proceed through SFED and confirm programs other than BadgerCare, so it is possible to pass through these screens by pressing 'enter' without entering information. In these situations the BadgerCare AG will pend, but you will be able to get to AGEV to confirm other programs that are not pending. (This will also enable privately employed W-2 workers to run SFED and confirm W-2, even if a BadgerCare determination is pending.)

NOTE: Just as in Medicaid and Food Stamps, privately employed W-2 workers should **not** make entries to any screens that affect BadgerCare eligibility, including AGHC, AGPI, and AGPC.

BADGERCARE REQUESTS WITH PREMIUMS

Processing the BadgerCare Application Supplement

When processing BadgerCare application supplements to add BadgerCare to existing CARES cases, the initial month may pend if there is a premium payment due.

Do not run SFED with dates for the next months until the premium is paid. If you run for the following months and the initial month's premium isn't paid, CARES will open the future months; this is incorrect.

Please add these instructions to Step 5 In the top box on page 7 of BWI Ops Memo 99-50 (Request is made before July 19).

If the case pends for owing a premium and the client can pay immediately:

1. Fill out AGPI and AGPC.
2. Then re-run with a JULY DATE.
3. BadgerCare will pass and you can confirm.

Proceed with steps 7-9 **to run for August and September** (neither AGPI or AGPC will come up. This is correct).

If the case pends for owing a premium and the client is not there to pay or does not have the payment with him/her:

1. Fill out AGPI with the premium payer information indicated on the BadgerCare supplement form.
2. Then re-run SFED again with a JULY DATE. [This will delete the "You have to give the premium payment method" message on EEVC and the Verification Checklist (AGVC)]. When AGPC comes up, leave the PAID (Y/N) field blank and press 'enter'.

(continued)

3. Print and send the verification checklist - it will indicate that the client must pay the premium. It is also a good idea to contact the client to let him/her know there is a premium due.
4. The BadgerCare AG will pend. Do not confirm any eligibility for other categories of Medicaid for July at this time, unless it is essential for the client to get a Medicaid card right away. Confirming Medicaid at this point will change the BadgerCare premium determination the next time you run SFED for BadgerCare.
5. ***Do not run with August dates or for the recurring month (September) until the initial premium payment is received!*** If you must run for those other months to process eligibility for other programs, do not confirm the BC results.

If the client makes the payment within the 10 days:

1. Tran to AGPC and enter "Y".
2. Then run SFED with a July date.
3. BadgerCare will pass and you can confirm.

Then follow steps 6 – 9 to run for August and September.

If the client does not make the payment within 10 days or by the 30th day following the request for BadgerCare, whichever is later :

1. Tran to AGPC and enter "N".
2. Run SFED with a July date - the AG will fail and you can confirm.
3. Then follow steps 6 –9 to run for August and September. This will deny August and September BadgerCare as well.

BE AWARE: If any MA is already open in these cases and you do not run for July first, if you run for the recurring month (Sept) or even for August, the BadgerCare AG will pass and can be confirmed. Then, if you do run with dates for July and/or August, they too may pass - without AGPC being scheduled, and without the client paying a premium. ***THIS IS NOT CORRECT.***

Workers and Premium Collection

There are only a few instances in which the worker will be collecting the premium payment from the client, entering data into CARES and sending the payment to EDS.

1. ***Free Month:***
The AG has no member who was open for Medicaid or BadgerCare in the previous calendar month AND the case has not received a BadgerCare free month in the last 12 calendar months. In these cases that BadgerCare AG will get a free month for the first month and be assessed a premium for month two. This is a situation in which the BadgerCare AG must pay for month two before month one can change from pending status to open. Enter the premium on AGPC (after entering the information asked for on AGPI).
2. ***After Adverse Action:***
The AG had a member who was open for Medicaid or BadgerCare in the previous calendar month or has received a BadgerCare Free Month in the last 12 calendar months. In this case, the premium is only required for the case to open if it is after Adverse Action in the benefit month. The worker should not enter the premium for the next calendar month (which isn't required for the case to open), but instead tell the individual to wait for the premium coupon and envelope that will arrive in several days from EDS.
3. ***Arrears:***
If BadgerCare arrears have to be entered before the BadgerCare AG will open (they always do), enter the payment of BadgerCare premium arrears on AGPC.

4. *Special Circumstances:*

Enter the premium on AGPT, if the case would close incorrectly or would receive a termination notice incorrectly.

Example: if it was three days before Adverse Action of the month, explain to the client that if they don't pay the premium by adverse action, they will receive a closure notice for a termination at the end of this month. If they want to, you can collect and enter the payment for the current month, so that CARES will not produce a notice or terminate them at the end of the month. This will avoid the late BadgerCare premium payment processing. To do this, you would need to first confirm eligibility for the month. On the same day you confirm BC eligibility for that month, tran to AGPT. Indicate the payment was made and save the information by depressing the [ENTER] key.

Example: The client has failed to pay a premium for the previous month and has a check for the late payment at the end of the month after the benefit month. Rather than having to go through the new application processing for the client, the worker can choose to enter the payment on AGPT and send the check to EDS.

There will also be instances that because of systems problems, you may be instructed by state staff to enter a premium into the system as a workaround to determine eligibility and certify benefits correctly.

MEDICAID HANDBOOK REVISIONS

Appendix 12.1.0

Please cross out the 2nd sentence of the first paragraph and replace it with:

"If people in the following categories fail regular MA, a local agency staff person must explain the BadgerCare program to each applicant and recipient household that includes a potential BadgerCare participant (child under age 19, a custodial parent of a child under age 19 or the spouse of such a parent). After explaining the BadgerCare program benefits and requirements, the local agency staff person must offer the applicant the opportunity to apply for BadgerCare."

Appendix 12.9.3

Please change the 2nd sentence of the first paragraph to:

"A HIPPA Standard Plan is any health care plan that provides medical care to covered individuals and/or their dependents directly or through insurance, reimbursement, or by some other means."